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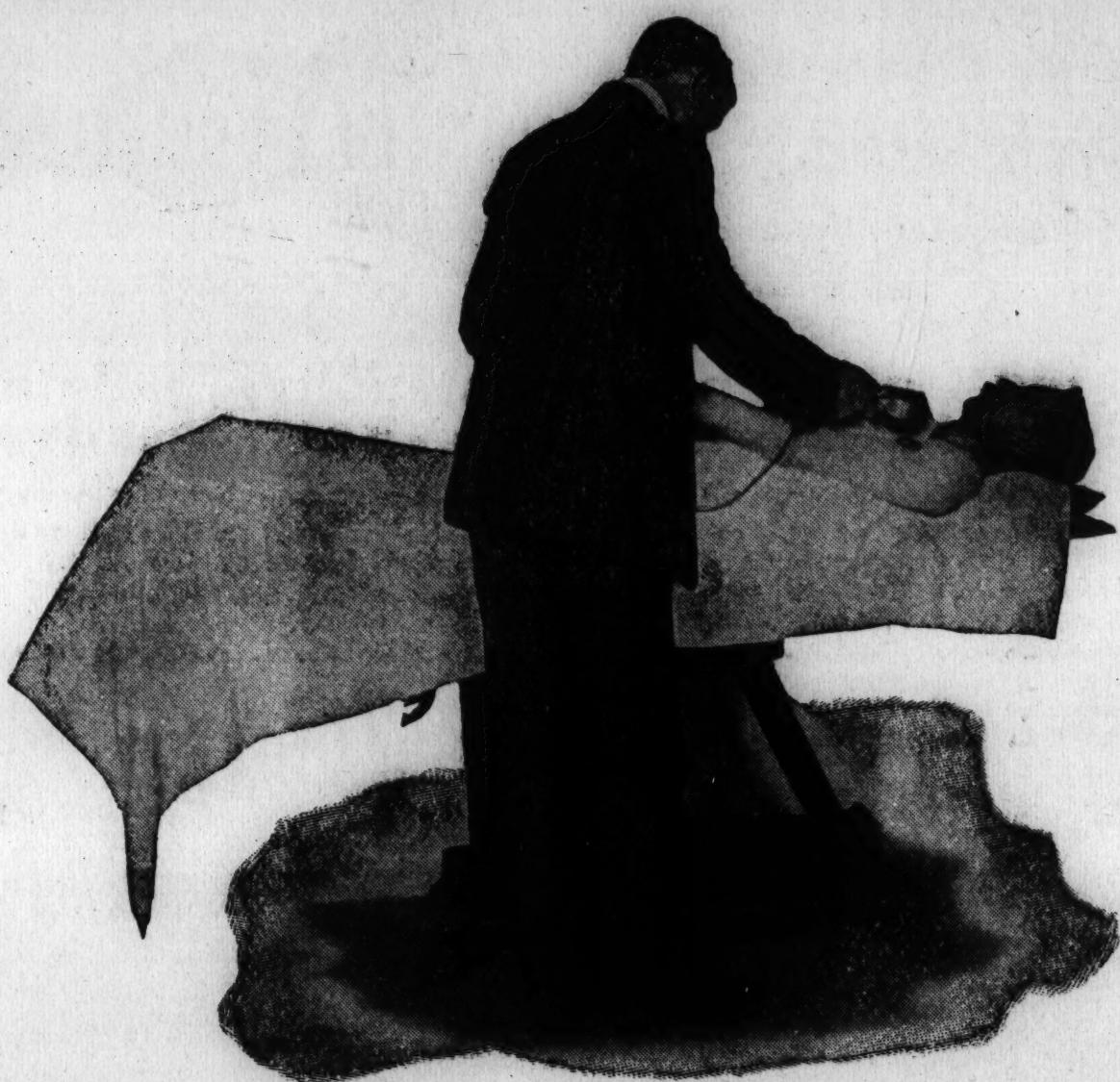


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Eclectic Med. Gleaner, 224 Court St., Cinti., O.....	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.....	2.00	1.60
Eclectic Review, 140 W. 71st St., New York, N. Y..	1.00	.80
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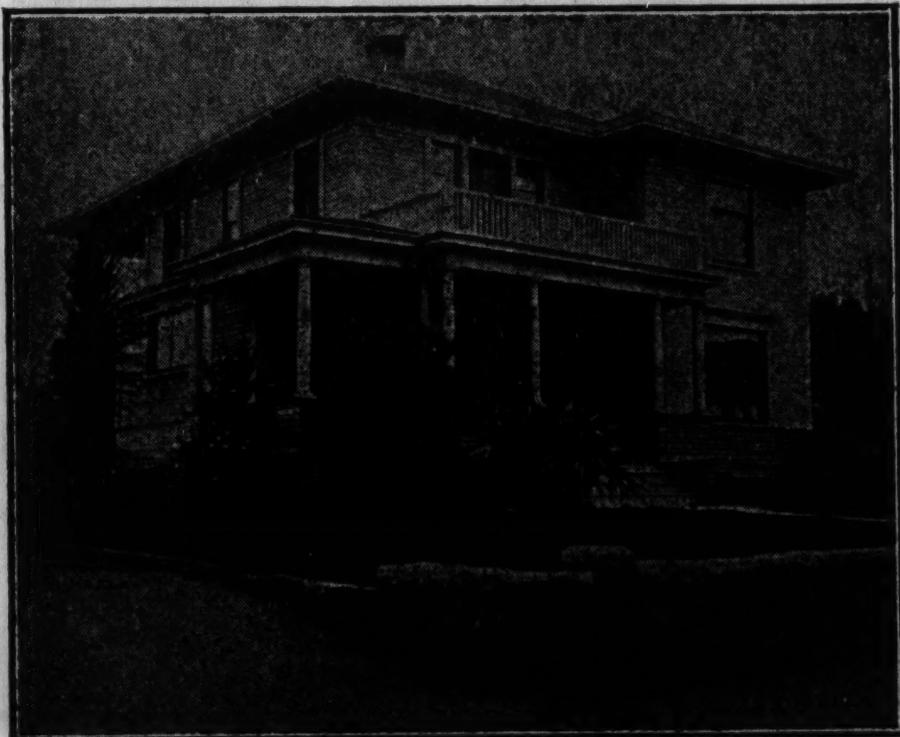
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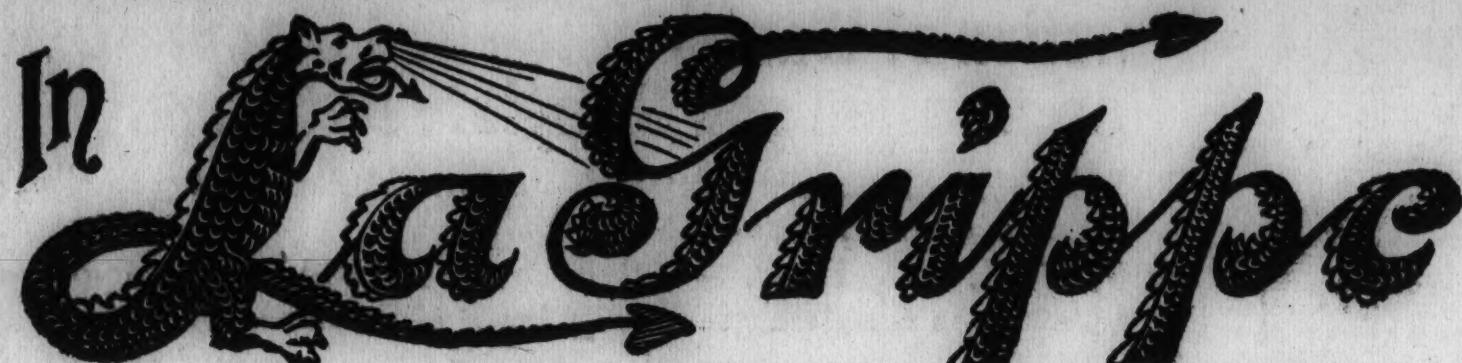
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The California Eclectic Medical Journal

Vol. II

FEBRUARY, 1909

No. 2

Original Contributions

ANEMOPSIS CALIFORNICA.

J. A. MUNK, M.D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Several years ago I read a paper on Anemopsis or Yerba Mansa before the Southern California Eclectic Medical Association, as a new remedy for catarrh. Since then I have had occasion to prescribe it frequently and invariably with satisfactory results.

As I recollect, Dr. O. S. Laws of this city, first called attention to this agent as a remedy, about ten years ago and recommended its use in nasal catarrh. When I read his account I was curious to try it. As it was not in the market, but grows plentifully in this vicinity, I dug some of the roots on one of my drives into the country. I filled a quart fruit jar with freshly dried, crushed root and covered it with strong alcohol. After macerating two weeks, the fluid was decanted and filtered, which yielded a dark, wine-colored, saturated tincture with the characteristic aroma and flavor of the root.

The plant grows on low, damp, alkali land and, under favorable conditions, takes complete possession of the soil. The fields where it is found growing are usually pasture land where cattle roam and feed the year around. The cattle eat it as freely as grass and if it is too closely cropped or much tramped upon its growth becomes stunted and, when it is subjected to continued rough usage, eventually dies. It flourishes best on wild unused land in soil composed of a sandy loam and a dash of alkali. Under normal conditions it is a hardy, virile plant that is not easily vanquished and will even smother out the persistent salt-grass which is its constant companion and competitor for space in which to spread. In this contest for supremacy between the two plants, it is as if knights met and clashed in mortal combat. In resentment of the uncomfortable crowding of the larger root of the Anemopsis for more room, the smaller but aggressive needle-pointed salt-grass root often pierces entirely through the body of its antagonist, but not fatally, as in a final death struggle, under even chances, the Anemopsis is apt to be the victor.

The entire plant is medicinal and is used by the natives as

a sovereign remedy for many simple ailments, from which household use it has acquired, in the local vernacular its popular name of Yerba Mansa.

Although the whole plant is medicinal, yet the root is the part that is mostly used. It grows in the form of a rhizome that is about an inch thick and from two to six inches long, with many rootlets extending downward from below. Externally it is of a dark color but is pink internally and its fleshy substance breaks readily with a smooth fracture. The root is aromatic, pungent and astringent. In appearance the growing plant resembles plantain. Its white starry blossoms resting on a bed of pale-green leaves makes a pretty picture. Wherever the plant grows it fills the air with its pleasant fragrance. It propagates both by the seed and by runners, rooting at the joints like the strawberry vine.

The Anemopsis seems to possess many healing virtues, but its principal value is in curing nasal catarrh. As catarrh is such a common malady that there is scarcely a person living but what has a touch of the disease, its importance as a remedy becomes at once apparent. If Anemopsis is in fact such a remedy and does actually cure catarrh, as is claimed, it is indeed, invaluable and should be included in the list of Specific Medicines.

The manner of its use in nasal catarrh is by making a local application to the nose in the form of a spray with an atomizer. The Griffin atomizer I find is the best adapted for this purpose, although any one of the many other atomizers in use may answer the same purpose. It doubtless can also be used successfully in a nebulizer by combining the tincture with a bland oil, but I have never had occasion to use it in this manner. The medicine need not always be prescribed in one single unvarying formula, but its strength should be regulated to meet the requirements of each individual case. In a child or an over-sensitive patient it should always be used weak, especially in beginning the treatment. Cases of acute rhinitis also call for mild treatment. After the disease has become chronic, a stronger mixture can be employed. When the spray first touches the Schneiderian membrane of the average patient it causes a decidedly warm, not to say painful sensation, which excites a copious secretion and discharge of mucus from the nose. The unpleasant feeling of irritation soon passes away, and with it the full, stuffy sensation in the head that always accompanies catarrh. The nostrils are thus cleansed of secretion, the congested pituitary membrane relieved and breathing by the nasal route re-established. It is indicated in all colds of the head and in catarrh of the nose and throat, either acute or chronic. I keep an atomizer constantly charged ready to use in emergencies and employ it promptly on the first hint of

a cold, which usually ends the attack. From one to half a dozen applications can be made during the day according to the nature of the case. As a rule an acute attack yields quickly to the treatment, but a chronic case naturally requires more time to effect a cure. It is my custom to refer bad cases of catarrh to a nose specialist because it is professional to do so. In two instances, that I remember, the patients came back after a time saying that they wanted some more of my catarrh medicine as it had benefitted them more than anything that the specialist had used.

I ordinarily prepare the remedy for use in a two-ounce mixture as that quantity about fills the atomizer. From five to thirty drops of the tincture of Anemopsis are put into a two-ounce bottle with one dram of glycerine. The vial is then filled with water and shaken, when it is ready for use. By experimenting I found that if only the tincture is added to water the mixture becomes cloudy and deposits a sediment that obstructs the atomizer. I cannot say what constituent element makes the water turbid but the mixture is unsatisfactory for use in an atomizer. When the glycerine is added, the mixture is still opaque, but the ingredients do not separate or form a deposit. The liquid though opaque takes on a pinkish, opalescent hue and clarifies perfectly by long standing. It will keep for an indefinite time in any kind of weather and I have never known the mixture to sour or spoil. The Anemopsis must possess some inherent antiseptic property to preserve the mixture thus, as there is not enough of either alcohol or glycerine to keep it from spoiling. In applying the spray the head should be thrown slightly backward and the spray snuffed up the nose until it is felt or tasted in the throat. Sometimes it needs to be used with a suitable tube and tip through the mouth and the spray thrown directly into the post-nasal passage, palate and pharynx. The taste of the medicine is not unpleasant and if any of the fluid is swallowed, during the act of spraying, no harm can possibly result, as it is intended for both local and internal use.

I have administered the Anemopsis almost exclusively for catarrh of the nose, but do not doubt that it is healing to all mucous surfaces. I also prescribe it internally for cough and cold in the chest and find it beneficial in catarrhal conditions of the alimentary tract. It is a valuable alterative and may be given in syphilis, scrofula and consumption. It acts efficiently with gelsemium and echinacea in catarrhal conditions accompanied with fever or septicemia. As a new remedy Anemopsis promises much and deserves to be fully investigated.

I have on the table recent specimens of the foliage and root of the plant for inspection. A sample of the saturated tincture

is likewise furnished and mixtures of the tincture with water, and water and glycerine, which show the difference in miscibility. There is also a Griffin atomizer, charged, indicating the style of the instrument and manner of use.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

O. S. LAWS, M.D., Los Angeles, California.

My last paper closed with the grand old Sycamore that abounds in many places, and upon which, in Escondido valley, I saw some clusters of mistletoe growing. Although apparently ignored by the Eclectic fraternity, I regard the mistletoe as one of the most valuable remedies.

The American plant is called *Phoradendron flavescens*. The foreign is *Viscum album*. I have handled both in the form of a fluid extract and find them identical in action.

Professor King speaks of it as a remedy for epilepsy, insanity and paralysis. I have never tested it in either of these diseases, but if it cures them, surely every doctor should keep it on hand. My first use of it was in a case of chorea that had been treated four years with the bromides, with but little effect. I used macrotys in medium doses for two weeks with but little benefit. I used $\frac{3}{4}$ ij in $\frac{3}{4}$ iv of water, and gave teaspoonful doses four times a day. Large doses might have done better but I concluded to try *Viscum album* and gave five drops of a fluid extract in water at a dose, four times a day, and the effect was prompt, and a cure complete in three weeks. Large doses are recommended by those having it for sale. But that is a mistake as I learned in the above case. A relapse caused me to give it in fifteen-drop doses, which made the trouble worse, when a return to five drops soon gave relief.

Recently I had some cases of measles that were worried by coughing and my usual remedies had but little effect. I put thirty drops of Fld. Ex. of Mistletoe into $\frac{3}{4}$ iv of thin syrup and sent, to be given in teaspoonful doses every hour. The next morning the mother of the children told me I ought to get a patent on that cough medicine, as she never saw anything act so promptly. Whooping cough will probably be subdued in like manner.

So we have growing in Southern California one of the most reliable remedies I have ever handled, and probably unequaled by any other in the ailments I have mentioned. But why it does not condescend to place its feet in the soil and grow like other plants is a mystery.

Since writing the above, I have been delighted to learn that the mistletoe grows on Mount Lowe, and of course, if it grows there, it also abounds in various other mountain regions, so that

we can secure all we need in our own country. Remember Professor John King said it would cure Epilepsy, Insanity and Paralysis. Many are afflicted with epilepsy and, but few of us would escape on a charge of insanity, and paralysis is usually stubborn in its hold upon its victims, and should have the best possible remedies. They should have a good supply up at Highland Asylum for their noisy boys and girls, instead of leather straps. But those brutal enough to use leather straps on the poor creatures would be sure to over-dose with the remedy, and increase the trouble and say it was "no good."

TUBERCULOSIS OF THE HAND.

M. S. AISBITT, M.D., Los Angeles, California.

Read before the Los Angeles County Eclectic Medical Society.

Mr. H—, blacksmith by trade, came to the college clinic, the latter part of the session of 1907-1908, with his hand bandaged and said he had blood poison in it. Placing his hand on the operating table and removing the bandages, he revealed a hand resembling a boxing glove; the wrist joint had very little motion, pronation and supination were lost. The fingers and thumb were contracted and flexed on the palmar surface of the hand and two sinuses underneath the thumb. The hand was very much swollen and congested, with six sinuses on the dorsal side emitting a fetid sanguineous discharge.

This discharge always indicates bone involvement which the probe proved to be the case here. Gangrene was in sight from the fact that the hand was highly discolored. He could not move his arm at will, having to use his other hand to move it. The metacarpal bones were denuded of their periosteum, which caused death to a portion, of which there is a specimen in the college museum.

In reviewing all the conditions of the hand I diagnosed it as tuberculosis of the hand. Treatment: I commenced to bathe it with warm water and carbolic acid as hot as he could bear it, injecting the sinuses with the same, packing them with gauze saturated with a solution of zinc sulphate, boracic acid and peroxide of hydrogen, echinacea alternately, prescribed aconite and veratrum viride to reduce the swelling and to overcome the contractions, ordered the patient to bathe the hand at night with hot water. In addition to the above, I applied a pledget of cotton saturated with aconite and carbolic acid, this was changed once a day. Ordered him to extend the fingers and work the joints by putting his hand on the table and to use force in order to relax and remove the contractures. This method of treatment was con-

tinued daily and produced satisfactory results and restored the member to its usefulness to the man in his daily toil.

The surgeon who treated this case should give up his title in view of the fact that if he had continued his treatment, the man would have lost his hand and probably his life. Every surgeon has the right to select remedies and apply them, but, if they are not applied at the proper time, they will fail to have their specific effects. The surgeon who fails to apply his remedies thus, very often brings them into disrepute and drives them into oblivion for a time, until some one perchance brings them into use with renewed reputation and they henceforth serve a useful purpose.

This man was so grateful for what we did for him, that he came back to the college at the beginning of this season to show his gratitude and to exhibit his hand to the class. This made a good impression on the minds of the students, for they could see imprints on the hand of how bad a case it had been from the numerous cicatrices which they examined, and the students seemed to be elated over the fact that such a case of surgery could be cured at the California Eclectic Medical College after an allopathic surgeon had failed.

THE TWELVE TISSUE REMEDIES.

JOHN FEARN, M.D., Oakland, California.

What is Biochemistry or Schusslerism?

Schussler himself claims it is not in any way Homeopathy. M. Docetti Walker, in the preface to the new treatment of disease by Dr. Schussler says: "Biochemistry is clearly not Homeopathy." In The Twelve Tissue Remedies, by Drs. Boericke and Dewey, page 20, they say: "Schussler puts Biochemistry forward with an evident desire to become the founder of a new system of medicine." Quoting again from this book we read on page 21: "We advance the hypothesis that Homeopathy and Biochemistry are one and the same; that Biochemistry is a rational explanation of the Homeopathic action as contained in that law of Hahnemann, '*Similia similibus curantur.*'"

Without attempting to be dogmatic, or to decide for others, I desire to say, I believe Biochemistry to be Homeopathic in essence. Doubtless we have much to learn about these twelve remedies, but I doubt the wisdom of trying to found a system on such a short list.

Surely, medical men will hesitate before they will set aside the list of medicines they have so long used, to take up with these remedies. Though I believe in their efficacy in their own sphere, yet I only look upon them as a small part of the doctor's arma-

mentarium. Some have been illiberal enough to condemn them because, as they say, they savor too much of Homeopathy. To this I reply: The wise physician chooses his means of cure from all sources. The first inquiry about a remedy is not, from whence does it come or who introduced it?—but will it do the work for which it is given? If it will relieve pain, if it will heal the sick, that is sufficient.

Another objection is, that the dose of these medicines is so infinitesimal that they cannot accomplish anything. To this I would say: There are few, comparatively, who have begun to appreciate the very small quantities with which nature does her work, in both the animal and vegetable kingdoms.

We give a man or woman a dose of iron. The iron need not be large; it may be tincture, or it may be iron in substance, as sulphate, carbonate, or reduced iron. What do we observe? The stools are blackened. Why? Nature only appropriates what is needed for her work. The rest is discharged in the fæces.

Let us look at this matter a little more closely. Here is a healthy babe; it is what is known as a bottle-fed child. It is fed on cow's milk. Suppose it takes from thirty to forty ounces per day. In that pure milk everything needed to build up the body is found. Iron then being needed, it is found in that milk. Of the rank and file of successful physicians today, how few there are who have the chemical skill to segregate that iron. And it will take more skill, and the aid of chemical apparatus, to give the exact amount of that iron. And then, if the other eleven tissue remedies needed for that child's well-being are there, the quantities are so small that the human mind can scarce conceive of them. And if these quantities are enough for the body in health, who shall say they are not enough to establish the healthy equilibrium of the body when by some means that equilibrium has been lost?

Says Schussler, in his new treatment of disease: "A dose of any remedy used for therapeutic purposes, should rather be too small than too large; for if too small, the repetition of the dose will bring about the desired effect, while the large dose may miss its mark altogether."

Again, the same author says: "A very diluted solution of Sodium Sulphate takes a different direction from the concentrated solution. The molecules of the dilute solution which have been introduced into the intestinal canal pass into the blood through the epithelial cells of the mucous membrane of the intestinal tract. A crude, strong solution of this salt cannot pass through these epithelial cells; but by reason of its affinity for or property of attracting water, it effects the flow of water from the blood into the intestinal canal, in consequence of which a watery

evacuation takes place and with the fæces it leaves the body." Thus he makes the point: A solution of salt may be given so diluted that all the molecules of the salt are set free. "If such be the case, the results become plain, which are obtained by means of minimum doses of Sodium Chloride in diseases which have been developed, despite the daily partaking of food containing salt." I may be wrong, but this reasoning of Schussler seems to me conclusive.

PREPARATION OF REMEDIES.

The tissue remedies for use are prepared the same as Homeopathic remedies generally: by trituration, and succession. Take one grain of the medicine, add it to nine grains of sugar of milk, put in a clean mortar, then triturate it for one hour. Here you have the 1x trituration: Then, take one grain of this, add that to nine grains of sugar of milk, triturate for one hour, and here you have the 2x trituration; and so on up the scale, running it as high as you wish. Solutions are prepared the same way, adding the remedy to the proper menstruum, then by succession thoroughly, intimately mix them, running it up in the proper proportions to the solution you want; 3x, 12x, or other decimal solution as needed.

I do not hesitate to say that except in cases of emergency, when you cannot reach your base of supplies, you should never make your own triturations. Few physicians have the time; and if they had the time it would be better to spend that time with their books. Again, few physicians have the appliances or conveniences for this work. My experience is, that these remedies had better be procured from such firms as Boericke & Tafel, Boericke & Runyon, Halsey, or Luyties. These firms are thoroughly reliable. I have dealt with all of them, and their goods have always proved satisfactory.

The dose in using triturations: I add from five to ten grains to half a glass of water. The dose may be one teaspoonful. In cases of great pain or suffering this dose may be repeated every ten minutes; in ordinary acute cases, every one to two hours; in chronic cases, every three to five hours. I shall not attempt to give a full repertory of all the therapeutical application of these remedies, for I have neither the time nor space. I will only give a few of the leading indications for each remedy, on the line of what we call Specific Indications, and for a more extended study I must refer you to the New Treatment of Diseases, by Schussler, translated by M. Docetti Walker, 15th edition; The Twelve Tissue Remedies, by Boericke and Dewey; and the Twelve Tissue Remedies, by Hering; any of which can be purchased through the different Homeopathic pharmacies.



BOTANICAL GARDEN.

G. W. FINCH, M.D., Los Angeles, California.

Attention is again called to the Botanical Garden in which it is proposed to congregate all trees and plants of medicinal value that can be grown in Southern California.

Already many plants and trees that have been sent here from the Eastern States, are showing a rapid and unusual growth indicating their inclination to become acclimated in their new surroundings. It is remarkable how plants from distant sections take up with their new location, for we find the alpine flora and that of the plains or forest flourishing equally with those of the sub-tropics.

As an example of what eastern plants will do here, may be mentioned some seedling Elms and Maples, the former of which sent up the first year stems between six and seven feet in height. Podophyllum, yellow parilla and Solomon's seal have made good growths, while poke root (*Phytolacca*) is as rank as ever and has not forgotten its old inclination to over-run every nook and corner having a rich soil.

And again the Indian turnip (*Arum Triphyllum*) grows three or four times as large as that found in eastern woods, the leaves assuming the size and shape of the Calla under a California sun. While there are still many plants from the East to be desired, it is requested that some one residing in Georgia or other of the Gulf States will forward a small vine of *Gelsemium Semper virens*, and from farther north let some one send living roots of *Leptandra Virginica* and seeds or seedlings of *Ptelea trifolia* (wafer ash). Also *Staphylla trifolia* (Bladder nut) belonging to the order Sapindacea which embraces the buckeye and kindred trees.

It is desired to enter into communication with any one who is so located that, (either East or West) it is convenient to collect and forward the seeds or living roots of anything of medicinal use. Whatever expense is incurred in mailing the same will be defrayed by the writer. It is desired to interest every Eclectic in this cause and every other person interested in *Materia Medica* or Botany. This garden will stand not only for its utility in medical instruction, but as a living monument to Eclecticism and to Eclectics, and cannot help being a "thing of beauty and a joy forever."

THE ETIOLOGY AND PATHOLOGY OF PUERPERAL ECLAMPSIA.

By P. F. BULLINGTON, M.D., Chico, California.

In selecting this subject for a paper, I am fully aware that to furnish proof of the contentions made would be next to impossible, for no sooner does a clinician or pathologist come forward with a theory as to cause or effect of this dread disease than some other investigator smites him upon the head with a club of facts, and down goes his presented theories like the proverbial cob house.

If I do nothing more than to stimulate a desire to investigate and determine the cause of eclampsia in the minds of my fellow practitioners then I shall have been well paid for my pains.

The onset of eclampsia is usually very sudden, without any premonitory symptoms, and comes on at a time when the family is least prepared for such a disease, often speedily paralyzing the hopes of the attending physician, and shocking the sensibilities of sympathizing friends, and in many cases leaving the husband without a wife, and a depending child or children without the kind care and protection of a loving mother.

The profession is well aware that the cause of these convulsions has ever been a great source of contention and even at the present day nothing definite is known, further than that it must be a toxemia of some kind, whose production or retention is manifest with the parturient woman. The action of this toxin is in such intimate relation with the parturient process as to show that some influence at this time exists to a greater extent than formerly, by which there is either a greater production, or a greater retention of what is ordinarily produced. It is also evident that this influence, which probably exists to some extent in all cases of utero-gestation, is an exception in an extent capable of producing convulsions, as there is about one case of eclampsia in every 300 to 500 parturitions.

The death rate from puerperal convulsions is high and in my opinion will remain high until the profession knows more of its etiology and pathology, and until the proper attention is given to prophylaxis that it demands.

It is to be hoped that some investigator will, in the near future, give to the world a specific treatment for this dreaded malady that will reduce the death rate to a minimum.

The etiological factors of puerperal eclampsia will here be considered under two headings, viz., Predisposing and Exciting.

Under predisposing causes we mention:

Age, as a majority of cases occur before 25 years and during the time of the first confinement.

Heredity may well be considered as predisposing to eclampsia in some cases, as several members of the same family have fallen victims to this formidable disease.

Environment has its responsibilities as predisposing to eclampsia, as worry from a business or social standpoint, and unhygienic surroundings, which cause nervous irritability, indigestion, constipation, etc., resulting in a weakened nervous system from a lack of proper maternal metabolism at the time of conception. In fact any inherited or acquired constitutional disease that tends to lower vitality may well be considered as a predisposing factor.

Exciting Causes:

Under this heading we will consider autoinfection, and its most common symptom is albuminuria, but the toxemia that produces eclampsia is no doubt a mixed infection consisting of waste products from the liver and intestines, as well as from the kidneys. These toxins within the circulation of the mother may also be increased by fetal and uterine metabolism.

That the toxemia is not due to one cause only is quite well proven by the fact that treatment directed toward elimination of the toxins is the most effective.

One author claims, "In puerperal eclampsia renal insufficiency is usually an etiological factor, albuminuria having nothing to do with its production."

Grandin has pointed out that "as a rule, toxemia is least likely to occur in those subjects in whom albuminuria in moderate amount exists, while on the other hand, violent toxemia frequently occurs in subjects in whose urine albumin is absent, or present only in trifling amount."

Engorgement of the blood vessels and the retention of urea must also be important factors. As the amount of urea excreted diminishes toxemia results. In pregnancy there is increased production and diminished elimination.

In a paper upon this subject, Morse of Washington, D. C., states that a healthy person eliminates 35 grams of urea in a day. If in a pregnant woman this amount is decreased, trouble is quite sure to follow. The presence or absence of albumin, therefore, is not of so much importance as we have hitherto believed, but the quantity of urea in the urine much more accurately determines the pregnant woman's condition.

The system is overwhelmed with toxins, and their sources of elimination are interfered with.

The presence of albumin in the urine does not always mean renal insufficiency. While one woman in 500 may have eclamp-

sia, and many hundreds may have albuminuria, still in 108 cases of eclampsia reported by Gerster not one had albumin at any time during pregnancy.

These facts can only be reconciled with the belief that there is a causative relation between the condition of the urine in pregnancy and eclampsia.

Recent study of the toxemia of pregnancy by Prof. Ewing of Cornell University Medical College leads him to regard the toxemia of pregnancy as a result of functional disease of the liver, resulting finally in hemorrhagic hepatitis, or acute yellow atrophy. Hemorrhage occurs in minute spots, and is present in all cases of acute fatal eclampsia at term and in 95% of all cases of any variety of eclampsia. He also regards as secondary any disease of the kidneys or other organs, because the "Synthesis of urea is exclusively a function of the liver."

Allen of Baltimore, Maryland, whose experience must have been varied, also looks upon the liver as the most probable cause of eclampsia, and says that as a rule urea is diminished, and yet a patient excreting 20 grams in 24 hours had eclampsia, while another excreting 1.8 grams had no sign of eclampsia.

Shock may be considered as an exciting cause of eclampsia. Many women soon after delivery are attacked with a vigorous chill that is not followed by any rise of temperature, which is ascribed to shock. I remember one case, where the woman was sitting up in the bed on the third day after delivery, talking to her husband and the nurse, and so far as they could see was getting along splendidly, this being about her fifth confinement, and after taking a drink, reached out to put the glass on a nearby table, and the glass fell to the floor with a crash, when she cried out and fell back in the bed with a convulsion, and continued to go from one convulsion to another for six hours, never regaining consciousness, when death closed the scene before medical assistance arrived.

Pressure upon the ureters causing obstruction to the renal outlet thereby producing an overflow into the system of the urinary toxins has been considered as a cause of eclampsia.

Uterine contractions at the time of labor have been considered as an exciting cause of eclampsia, yet uterine contractions during the entire latter half of pregnancy are constantly going on in all pregnancies and no eclampsia results, save in the 1-5 of 1% of deliveries.

That the toxins are in part produced by fetal metabolism, is quite probable, because when the child in utero dies, or is expelled, convulsions usually cease.

Notwithstanding the many theories as to the etiology of eclampsia, we are forced to admit it is still a mystery.

Pathology:

Under this heading I have but little to offer, as there is little known, positively, to be the effects of eclampsia.

Autopsies on patients who have succumbed to eclampsia show conditions so varied that they teach us but little in regard to the true nature of the disease, and often it is difficult to tell whether the changes found should be looked upon as cause or effect of the disease.

The *brain* is usually anemic and oedematous, and sometimes there is an extravasation of blood into the ventricles and at the base.

The *kidneys* are frequently in a state of congestion, or of acute or chronic nephritis. Often the ureters are dilated, and in some cases no trace of abnormalities is found in the urinary organs.

In the *liver* small emboli have been found, far away from the place where they originated.

The *heart muscles* are sometimes found degenerated.

The *lungs* are oedematous or inflamed.

Conclusions:

1st. The toxins producing eclampsia probably consist of waste products from the liver, intestines and kidneys, augmented by fetal and uterine metabolism.

2nd. Renal insufficiency, perhaps from pressure, rather than albuminuria, is usually an etiologic factor.

3rd. There is probably a causative relation between the condition of the urine in pregnancy, and eclampsia, because toxæmia results where the amount of urea excreted diminishes.

4th. On sudden evacuation of the uterus, or the death of the fetus, eclampsia often suddenly stops, which tends to prove that the fetal metabolism, or the pressure exerted by the fetus, tends toward producing the eclampsia.

THE VILLAGE DOCTOR.

By DR. W. N. KENNEDY, Willits, California.

To view the facts of the case, it will be necessary first to look retrospectfully into our own lives at a time when our boys and girls reach the age of adolescence; when they begin to think, act and do for themselves; when two hearts begin to beat as one, and with all the instincts of human life, find a spot on God's terrestrial ball, surrounding that spot with all the blessings their means and strength will afford, and call that spot "home..""Be it ever so humble," it is home if the heart is there. They may mingle in society or live as secluded as they like, by obeying the laws of the land they can exclude the public officials, pay their

bills promptly and keep the collector from the door. In similar ways avoid others and lively entirely alone if they choose. But the day will come when one man will walk into that house, and that man will be the village doctor. What kind of a man should he be? He does not come as an intruder, but as a welcome guest. They know but little of him. He may be an entire stranger to them, but as a necessity they have called him into the secret portals of their home. What kind of a man should that village doctor be? Peace and quiet reigns within until death knocks at the door. They run to the nearest physician, "Come quick!" and they lead the way. Not as a stranger who stops at the door of the parlor does he come; nor as a friend and neighbor who may see the drawing room or partake of the bounties of the table. You take that man right to the bedside and there in the clutches of that grim monster Death, lies the dearest one on earth to you.

What kind of a man should the village doctor be? The moment he crosses your threshold he becomes a most important factor. All your hopes are in his medical and surgical ability; he depends largely upon your cooperation to assist him in carrying out his plans.

Anchor your confidence and trust in him and remember that he is a licensed professional, and is doing the best in his power. Long before he came into possession of that license, he realized the responsibility of his profession, which he now feels so keenly. I am sorry to say he is seldom the man he ought to be; but he is often far above his reputation. In conclusion I wish to say that there is no path in life where a man is so thoroughly unappreciated and so frequently maligned as in the medical profession. Here is to the village doctor. Speak a kind word for him if you can; and you can. And when his skill, his honor, his character, is assailed, do not give it credit until you know that it is true. Too often the man who starts the little blackmail story is the man who owes the doctor a dollar. It is often quite a safe thing when you hear a person assailing a physician to ask them, "How much do you owe the doctor?"

Well has it been said, "Steal my purse and you steal trash; steal my good name and you take all I have." The life of the village doctor is not always as tranquil as it seems. He bears the other man's burden, and travels while other men sleep. He must know how to be all things to all men. Well does he know that his heart may break while his face wears a smile. Give him the very best cheer you can, and hope that when his days of usefulness are over, and the evening of his life is come, that in peace and quietness he may realize the joys that he was deprived of in his earlier manhood.

A DOCTOR'S SYMPHONY.

By GEORGE F. BUTLER, M. D.

With this New Year resolve to live without anger, avarice, envy and littleness. Resolve to be generous, liberal and kind; to recognize the extreme value of health and human life and to strive by every means to roll back the tide of disease and death; to give something to shape the million-handed labor to an end and outcome that will leave more sunshine and more flowers to human kind. Let your labor be so ordered that in future times the loved ones may dwell longer with those who love them; open your minds; exalt your souls; widen the sympathies of your hearts; face the things that are now as you will face the reality of death—fearless and alone. Remember that the battle of life cannot be fought by proxy; be your own helper.

Go thou alone—

Let not thy courage fail,
Nor weight of pain avail
To stay thy onward feet.
What e'er betide thee sink not
E'en in thy anguish think not
Under God's generous sun
So much of sorrow lives save good-
ness to complete.

Go thou alone—

Though friends and fortune pass
Beyond thee, and alas
Love's visions fade away,
Look to the stars and ponder
How poor thou art, and wonder
How the vast undertone
Of thy creative thoughts could
blossom in a day.

Go thou alone—

The breathing atom in thee
Shall one day rise divinely
From this its cradled home
Be wise and brave and loving
From lowliest essence moving
In circlets one by one
Up to thy perfect shape
the highest earthly power.

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ATMOSPHERE.

We have been impressed with the similarity which exists in the painting of a landscape and the prescribing for a person who is sick. There is a subtle something which permeates each landscape and it must be considered in developing the slightest detail. Likewise there is a subtle something which permeates each person, and it must be considered in prescribing for the slightest ailment. In a landscape it is called atmosphere, in a person it is called idiosyncrasy. The method of estimating and the technic employed in surmounting the obstacles met with in each instance are also comparable.

A careful examination of the scene enables the artist to fix in his mind the color of the all-pervading atmosphere, and he selects a little paint of this, that, and the other color until he has built up a composition which he estimates is of the same color as the atmosphere embodied in the subject which he is about to paint. Now, as he paints the grass, the mountains, the clouds, the sky, he constantly adds a little of the atmosphere paint to the paint which gives the real color of the object being delineated. By this means a harmony of color is maintained throughout the entire composition, and nature's moods are permanently fixed upon the canvas.

Likewise a careful examination of a patient, enables the doctor to fix in his mind the idiosyncrasy of that patient. Be it "liver," "weak lungs" or "rheumatism," he sees it and from that moment, in prescribing for that patient for "mumps," "measles," or "diarrhea," he estimates the effect of the dia-thesis upon the current disease. Moreover, experience has shown that the best results are obtained by giving the "atmosphere medicine" as an adjuvant to whatever the indicated remedy may be.

THE NEW AMERICAN METHOD OF THERAPEUTIC STUDY.*

FINLEY ELLINGWOOD, M.D.

Every physician of whatever school, has at sometime or other, had an earnest desire to know of some remedy, or some measure which he could feel sure would invariably relieve some exact condition of disease. Most physicians in the profession at large, have hoped for a single remedy that would cure all of the elements or factors of a single disease. Quinine is a specific for malaria and many of the conditions that result from malaria. Antitoxin is now nearly a specific for diphtheria, but for other general conditions—diseases—we have no specifics, even after more than a century of diligent search. Is it not time, then, to conclude that it is a waste of time to search for specifics for an entire disease?

On the other hand those who have been willing to look for single remedies that would quickly cure separate conditions or factors of disease, have been remarkably successful and have learned that certain remedies, especially those of the botanic group, have a marvelous—an almost miraculous—power at times in relieving such conditions. This then impels us to apply the term *specific* to those remedies which have a selective action upon some *exact condition*, and which can be depended upon to relieve that condition, in a larger proportion of the cases in which it appears.

In this study then, which comprehends the acquirement of a knowledge of the directest possible action of drugs, two conditions are involved—two fields for study. The first is the exact diagnosis of the disease; the study of the disease with reference to *all the factors* which it may contain. This is best studied at the bedside, and that brings us to the fact that in this successful

* This paper is a copy of an article prepared by Dr. Finley Ellingwood, and published in the Delhi Medical Journal of India. It was afterward translated into German by Dr. Isenburg, of Hamburg, who published it in a medical journal of his country. It is thus a translation of a translation, but every reader of the article will decide that it is well worthy of a double translation, and a double presentation. At least, we take it that our readers will accept that it should not be lost to American readers of Eclectic literature. (Editor)

work it is absolutely necessary to study *each patient* with reference to the symptoms which appear in that particular case, at that exact time. This then makes it imperative upon us to treat *the patient* and not the disease as usually named; to treat with reference to the condition of this patient in this particular case.

The second is to study the action of each remedy alone, watching it carefully whenever administered; observing its direct influence and its side influences; watching for every possible condition of disease upon which that remedy seems to exercise a favorable influence. Then, arranging these conditions with reference to their relations to each other, as well as with reference to the part which is involved, we are enabled to prescribe with a marvelous precision.

It is absolutely impossible to ever know what a single remedy will do unless it is given alone, and its effects watched when no other remedies are given. All remedies have a selective action for some organ or part; this every physician believes. It does not take long, in the study of a remedy, to determine that there are certain influences that it will exercise in every patient, when administered in proper dosage. The physician then soon learns to use this influence where it can be used; and he may learn to use it with as much skill, as a surgeon uses his knife. It requires however, a great deal closer study, an infinite amount of patience and much closer and more faithful application to learn these facts, than it does to learn to apply the knife, consequently there are more good Surgeons than there are exact Therapeutists.

The two conditions, then, specific diagnosis, and specific drug action, must be thoroughly and most persistently studied, and the study will necessarily continue from day to day and from week to week, and from year to year through a long career; it must continue also with every patient and with every phase of disease.

If the typical diseases as named in the textbooks, were all that the physician ever met, our study would be greatly simplified; but every physician knows that we are constantly meeting, almost with every patient we treat, conditions that are unusual or conditions that vary from those we expected to see, or, as is very often the case, conditions *with which we have never met*, and which we have never seen described. We also find in one disease conditions with which we are familiar, but which we have never seen before in this disease. This condition may be a conspicuous one, and one that demands urgent treatment, and if we depend upon a specific for the disease as a whole, we might fail entirely because of this unusual condition here appearing.

In the study of the action of remedies, we will have seen an influence of some remedy, which is either this exact unusual pathological phenomenon or one very similar to it which will suggest that that remedy should relieve the condition here appearing. This enables us to use that remedy, and if our observation is correct, and a diagnosis of the exact condition is correct, the remedy *will positively relieve* the condition, whether it has ever been used for that purpose or not.

In partial illustration of these statements; I early learned that small frequent doses of ergot, was specific in the early stage of acute congestion of the brain, in children. I used it for that purpose in several consecutive cases with very happy results. I was called at one time, to see a boy who had fallen from a height, striking upon his head. There was shock and concussion, but I doubted cerebral hemorrhage. I was further confident that traumatic congestion would take place most actively and possibly inflammation. I immediately inquired of myself, "If ergot relieves acute congestion from the usual causes, why should it not relieve or prevent congestion from traumatic causes?" I administered the remedy to the patient and I assure my readers that from the knowledge I obtained from the action of that single drug in that case, I would consider myself criminally negligent if I had not administered the drug in every similar case since. I have seen the most fortunate results from its action often clearing up unconsciousness, doing away with mild forms of paralysis, and resulting in a normal condition very speedily.

Belladonna will antagonize local congestion in any organ. This has been determined by all of our observers. Its influence in acute cases, is more quickly apparent, of course, than in more chronic cases, because the resultant conditions of congestion—the changes which follow congestion—have followed in the chronic and these must be overcome, and this takes more time of course. This influence being impressed upon our minds, we are inclined to give the remedy in small doses then, at the onset of local inflammatory fevers, and in other acute conditions in which local blood stasis is one of the primary factors of the disease. Determination of blood to the part, is an essential primary factor in acute inflammation.

We have further observed concerning belladonna that it relieves acute determination of blood to the brain. An accompaniment of local congestion is cool extremities and cool skin. The evidences of cerebral congestion are cool skin, cerebral dulness, dull eyes, and dilated pupils. If we should then find these conditions together in an acute case, we could not do better than to administer belladonna in small frequent doses, and those of us who have depended upon this medicine for years, for this con-

dition, believe it to be even more specific if possible, than quinine is for malaria. Belladonna then is indicated in a great many diseases, without regard to the name of the disease, if we give it for these precise indications.

On the other hand, we might have acute inflammatory symptoms, where local engorgement was undoubtedly present, and yet where the skin was very hot and the face was flushed, and the eyes were bright and staring, the pupils contracted, the patient was very restless, excitable and nervous. Belladonna given for the local congestion here, would directly increase the nervous condition, consequently we must adopt a different course. We would then apply heat, over the seat of the local congestion, and meet the cerebral symptoms with a remedy which our observations had taught us was specific for those symptoms of excitable cerebral engorgement, and that is gelsemium. It is surprising how quickly these conditions will disappear under the action of this remedy alone.

We may thus go through the list of conditions that appear in the form of both common and uncommon diseases, and, as far as we have, in our few years of the study of direct drug action, been enabled to find a single remedy for a precise condition of disease, we can treat these conditions with confidence and often with startling success. I have actually seen results that appeared more like miracles, than the results of drug action.

Those who closely study this direct method of drug application and apply it in their practice, are constantly told by their patients often with much surprise, "Why, Doctor, the remedy acted exactly as you said it would, I watched its influence from the first dose and could see its effect very plainly." I have had this stated to me many times. Only recently a lady called me over the telephone for advice concerning her little son who could not, I decided, be brought to my office. I advised her to immediately call in her local physician. She replied, "He is a good old man, and we have doctored with him for years, but I have never yet seen the time that I could say that I plainly saw direct effects from the old doctor's medicine, while your remedies always do exactly what you tell us they will do. We have become very confident, when we take a dose of the medicine you prescribe that we will get the results we desire."

To further consider this principle of drug application, and to emphasize the fact that a disease cannot be treated successfully by name, suppose we were to enter a hospital ward of typhoid cases. If we had a routine treatment for typhoid fever, we would expect to administer that treatment to each case. In the first patient suppose we found a high degree of nervous excitement, which would indicate gelsemium, as above advised,

we would have no assurance that all cases would have the same indications. In the next patient we might find the cerebral symptoms, and cool skin which would demand belladonna. Gelsemium given to this patient would prove to be an actual poison, as belladonna would be to the first patient. The third patient we might find with neither of the extreme indications met with in the first two cases, but with a high temperature, hot flushed face and with a long, thin, pointed red tongue, with elongated papillae on the tip. The single remedy which would accomplish more than all other remedies combined without it is rhus toxicodendron. This remedy would then have first place. On the other hand, the fourth patient might have a broad, thick tongue, heavily coated, with a white, pasty, coat, the mucous membranes of the mouth and tongue being pale. This patient demands alkaline treatment and until the excessive acidity in the gastro-intestinal tract is neutralized, other remedies will avail but little. When this is accomplished we may find that aconite or bryonia are the most positively indicated fever remedies.

Perhaps I have said enough to illustrate the fact that the profession as a whole, if they become successful practitioners must, absolutely, do the largest part of their therapeutic study all over again, according to an entirely different plan than that which they previously adopted. There must be a re-study of disease with reference to every pathological factor in each case. Then all prejudice must be laid aside, and those remedies must be studied which are known to exercise specific influence upon any condition, however, unimportant that condition may seem to be. The direct influence of many remedies is not a marked one. It is not one frequently found; the condition which the remedy will cure, may be one, however, which though simple in most cases, and when appearing, the life of the patient may depend upon the doctor's knowledge of that remedy which will invariably correct that condition. Many remedies will not act upon more than one condition specifically and may seldom be demanded, but they must be remembered and used when that condition appears.

I was called a few days ago to treat a patient that had had bilious colic of a most atrocious character for eight or ten hours, the spasm of pain appearing every three or four minutes. I prescribed several remedies during the first two hours, with no result. In this I was culpable, as I well knew the specific action of dioscorea villosa, in bilious colic. I added a half a tablespoonful of that remedy to a small teacupful of hot water and administered this. In twenty minutes the second dose was given and that ended the entire train of symptoms, the patient re-

covering without other medicine. It has been a long time since I have met the group of symptoms which dioscorea will cure, but how important this remedy was, when indicated, is represented in this case as it has been in many others like this, in which this remedy has never failed me. I could have given morphine, but the direct influence of this remedy upon all the conditions involved, is far superior to morphine with no after effects.

In the study of the various remedies which we have found to possess specific properties at times, in the cure of diseased conditions, we have been enabled to find quite a number which influence certain definite conditions, and these we have been able to classify and arrange in accordance with their different modes of action.

For instance, in the treatment of fevers we depend exclusively upon gelsemium, veratrum, bryonia, and rhus toxicodendron. We do not use the coal tar derivatives.

In the treatment of pain, we depend but little upon opium or morphine because we have learned that pain is best controlled by action upon the precise conditions that underlie the pain and that explains the action of those remedies which control each specific pain, which have no influence on other pains. For instance dioscorea as stated, relieves pain of a cramp-like character in the stomach and bowels, but very few pains elsewhere are influenced by it although occasionally, spasmodic pain in the ovaries may be treated with this remedy.

Colocynth relieves abdominal colic of a sharp, shooting character. Where there is colicky pain in the region of the umbilicus, especially if the tongue is pale and coated white, and there is a yellowish or whitish color around the mouth, nux vomica is the remedy.

Gelsemium relieves pain referable to a single nerve cord, such as facial neuralgia, and so we may go through the list of pain relieving remedies. We do not discard opium or morphine, but prescribe them specifically. We have indications for their use, and as positive indications for their non-use.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in

Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on January 5th, 1909, at 8:00 p.m., at 818 Security Building.

In the absence of the President, Doctor Finch presided.

Doctor Munk read a very interesting paper on *Anemopsis Californica* and exhibited a number of preparations as well as the crude drug.

Doctor Aisbitt reported a clinical case of Tuberculosis of the Hand.

Doctor Lawrence read the resolutions of respect, which he had been requested to prepare, and which were adopted as read.

Doctor Finch will read a paper and Doctor Baird report a clinical case at the next meeting.

Adjournment until February 2nd.

P. M. WELBOURN, Sec'y.

DR. L. A. PERCE, Pres.

RESOLUTIONS.

WHEREAS, in the death of Dr. Theodore Judson Higgins, our society is bereft of one of its esteemed members, the Eclectic medical profession a staunch exponent, the college an earnest worker, and the Journal a valuable contributor; therefore be it

RESOLVED, that we the members of the Los Angeles County Eclectic Medical Society, extend to the family of our late colleague, our heartfelt sympathy in this their time of sorrow; and make known to them our appreciation of his character as a man, his ability as a physician and his fidelity as a friend and brother, and that a copy of this resolution be forwarded to the family, published in the Journal and spread upon the minutes of the society.

Respectfully submitted,

W. J. LAWRENCE, Committee.

WHEREAS, the messenger of death has entered and removed from the family of our respected friend and brother Dr. G. W. Finch, the Wife and Mother; therefore be it

Resolved, that we, the members of the Los Angeles County Eclectic Medical Society give expression of our earnest and sincere sympathy to the family in the loss of their loved one, and attest our appreciation of the noble character and Christian fortitude of Mrs. Mary B. Finch; and that a copy of this resolution be sent to the family, published in the Journal and spread upon the minutes of the society.

Respectfully submitted,

W. J. LAWRENCE, Committee.

STATE SOCIETY.

The annual meeting of the Eclectic Medical Society will be held at San Francisco, May 25-26-27, 1909.

It is expected that the meeting will be one of the largest, if not the largest, ever held. Encouraging reports are continually coming to hand, and a general revival of interest among Eclectics seems to be at hand.

You are earnestly invited to notify the secretary that you will be present, and what the title of your paper will be. If you cannot be present, write a paper and send it to the secretary. Any officer of the society will be pleased to present it.

J. PARK DOUGALL, M.D., Secretary.

J. A. MUNK, M. D., President.

NATIONAL BULLETIN FOR FEBRUARY.

The National will meet in Chicago, June 15-18, 1909. The following local Committee of Arrangements has been appointed which will insure a careful management of the details necessary to the entertainment of a large visiting delegation.

Chairman, N. A. Graves. Members, J. D. Robertson, W. R. Schussler, J. B. Davis, W. E. Kinnett, W. J. Pollock, C. H. Bushnell, and Finley Ellingwood.

Members should begin now the preparation of a paper which shall embody some phase of disease and its specific treatment. See to it that this year's session devotes the necessary time to the study of Specific Medication, the bulwark of our school.

The new relationship between the national and the State Societies is now an established fact, and is bound to react for the good of the whole Eclectic profession. Go to Chicago in June. Take part in the meeting. Put yourself right with the Treasurer, and put your shoulder to the wheel, and with your best efforts give to Eclecticism a new impetus.

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NEWS ITEMS.

Dr. O. C. Welbourn has returned from his Eastern trip.

Dr. Bainbridge, Santa Barbara, was in the city for one day recently.

Dr. Turner, Pomona, was a business caller in the city a few days ago.

Dr. T. J. Peterson, Lompoc, was in the city for a few days during the holidays.

Dr. B. E. Fullmer has opened offices in the building at the corner of Third and Hill Sts.

Dr. H. Ford Scudder, Redlands, was in the city on business last month and attended the County Society.

We have received a copy of the official Journal of the American Institute of Homeopathy, and great credit is due the publication committee, because the Journal is excellent.

Dr. J. A. Munk and brother, Judge Munk, have returned from a two week's visit to their ranch in Arizona. The Doctor also visited in Phoenix, Tempe, Yuma and Tucson.

Dr. O. S. Laws is able to be down town and we trust that he will be able to continue his lectures at the College in the near future. Dr. Laws lectures on Specific Medication and Specific Diagnosis.

Information has been received at this office through Dr. E. C. Bond of Phoenix, Arizona, that there is a good opening at Bouse, Arizona, for a physician. Any Eclectic physician who is looking for a location should investigate this. Bouse is a new mining camp and a very promising one.

Lest any reader of the Journal should think that the statement made by Doctor Munk in his article on Anemopsis, which was read at the last meeting of the County Eclectic Medical Society and printed in this number of the Journal is another case of "nature faking" it may be proper to mention that there were presented at the meeting three such specimens of Anemopsis roots that were actually pierced entirely through by salt grass roots. This is not a usual occurrence but that it does sometimes happen is fully proven.

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LUNG DISEASES.

The unquestioned value possessed by cod-liver oil in all conditions of reduced vitality and particularly in those marked by serious nitrogenous waste, has won for it the most extensive use and firmly established it in the medical profession's favor. Not alone in chronic disorders, attended by mal-nutrition, has its worth been demonstrated but also as a builder of tissue and a restorative in convalescence, especially in that state following acute lung and bronchial inflammations.

At the present season, keeping in mind the prevalence of lung and bronchial diseases, cod-liver oil's possibilities as a food and tonic for convalescents from pneumonia and other acute respiratory ailments should not be overlooked. Few diseases leave a patient so utterly broken-down and so susceptible to a still graver disease as do these acute infections of the lungs and bronchi. Judicious care and a properly chosen therapeutic regimen, during the several weeks immediately following a pneumonia, may determine the difference between complete recovery and the grafting on of a tubercular process.

At this important period, the indicated remedy, cod-liver oil, stands out in bold relief against a back-ground of a host of drugs. But care must be taken that a palatable preparation be chosen, for, though a serviceable product be selected, if its use disturbs the stomach and interferes with this important organ's function, its value will be vitiated by the harm done to the gastric apparatus.

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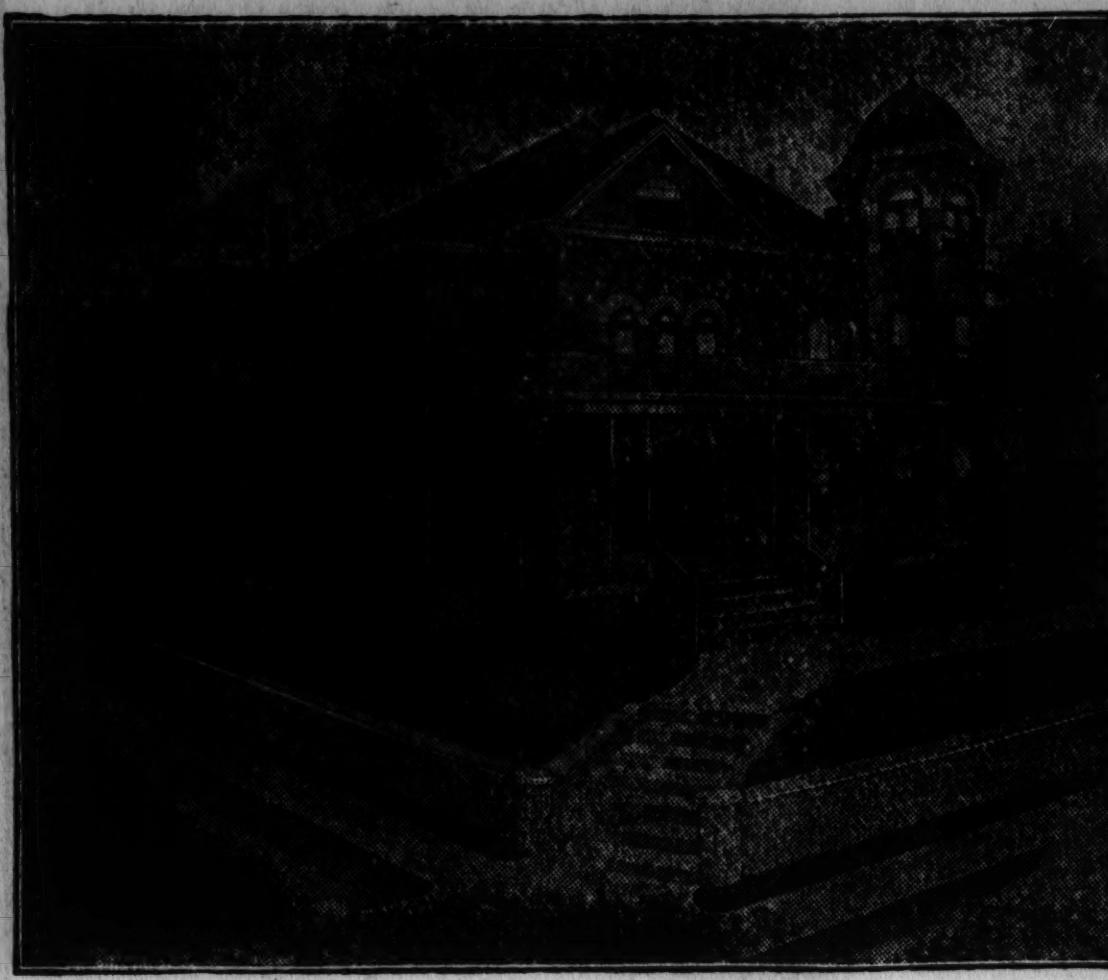
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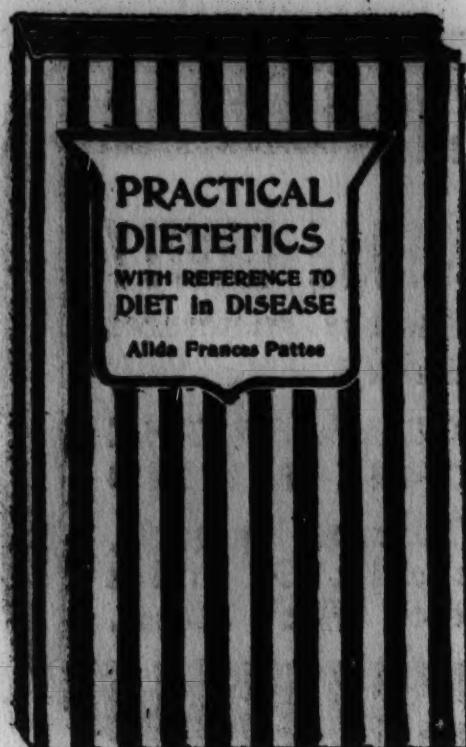
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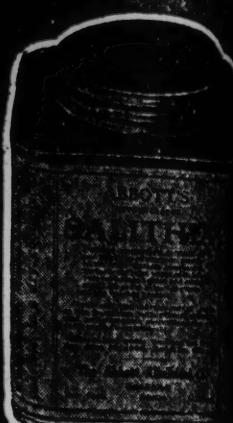
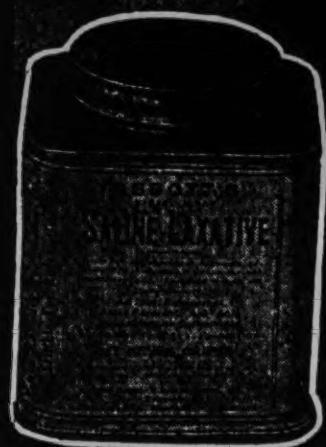
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